

RIAC

Regional Interagency Council **Orientation/Refresher**



System of Care

A spectrum of **effective**, community-based **services and supports** for children and transition-age youth, with or at risk of behavioral health needs or other challenges, and their families that ...

- *is organized into a **coordinated network**,*
- ***builds meaningful partnerships** with families and youth, and*
- *addresses their cultural and linguistic needs*

...in order to help them function better at home, in school, in the community, and throughout life.

RIAC Mission

Promoting healthy children and transition-age youth across Kentucky: Building a collaborative system of care to promote children's and transition-age youth's social, emotional, and behavioral well-being where they live, learn, work, and play.



RIAC Purpose

(Regional Interagency Council)

Per KRS 200.505 (effective July 14, 2018)

RIACs operate as the regional locus of accountability for the system of care; providing a structure for

- coordination,
- planning, and
- collaboration of services and supports at the local level to children and transition-age youth, with or at risk of developing behavioral health needs, and their families.

Local interagency councils (LIACs) may be formed at the discretion of the RIAC to advance the functions of the RIAC at the city, county, or other local community level.

Population Focus

Per KRS 200.503 (effective July 14, 2018)

- “Child with a behavioral health need” means a child or transition-age youth with, or at risk of developing an emotional disability, substance use disorder, or mental, emotional, or behavioral needs
- “Child with an emotional disability” means a child or transition-age youth with a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the current edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders
- “Child with a serious emotional disability” means a child or transition-age youth with a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the current edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders and that:

Population Focus continued...

Per KRS 200.503 (effective July 14, 2018)

- a) Presents substantial limitations that have persisted for at least one year or are judged by a mental health professional to be at high risk of continuing for one year without professional intervention in at least two of the following five areas:
 - ✓ Self-care: defined as the ability to provide, sustain, and protect his/herself at a level appropriate to his/her age
 - ✓ Interpersonal relationships: defined as the ability to build and maintain satisfactory relationships with peers and adults
 - ✓ Family life: defined as the capacity to live in a family or family type environment
 - ✓ Self-direction: defined as the child's ability to control his/her behavior and to make decisions in a manner appropriate to his/her age.
 - ✓ Education: defined as the ability to learn social and intellectual skills from teachers in available educational settings

Population Focus continued...

Per KRS 200.503 (effective July 14, 2018)

- b) Is a Kentucky resident and is receiving residential treatment for emotional disability through the interstate compact;
- c) The Department for Community Based Services has removed the child from the child's home and has been unable to maintain the child in a stable setting due to behavioral health needs; or
- d) Is a person under 21 years of age meeting the criteria of paragraph (a) of this subsection and who was receiving services prior to age 18 that must be continued for therapeutic benefit.

Kentucky's System of Care Core Values

The core values of the SOC philosophy specify that the system of care should be:

Youth- & Family-Driven

Culturally-and Linguistically-Appropriate

Community-Based

Trauma-Informed



Kentucky's System of Care Core Values

A Youth- & Family-Driven SOC:

Valuing and ensuring that youth and families are full partners in all aspects of service delivery and have a primary decision-making role in their care, beginning in the planning phase when policies and procedures are developed. Youth and families are involved in implementation activities, such as choosing culturally and linguistically appropriate supports, services, and providers; setting goals; designing, implementing, and evaluating programs; monitoring outcomes; and partnering in funding decisions. Youth and Family Driven System of Care engages and supports that youth and families with lived experience are trained and hired as peer support professionals to decrease gaps, help in retention of services and let other youth and families know that they are not alone. Youth and Family Driven means family members and youth are engaged, supported, and respected as equal partners, their “voice” and lived experiences add valuable perspectives in planning, implementation, and monitoring which result in shared accountability for outcomes.

Examples:

- Involving families and youth in the decision-making of their own services
- Treating families and youth as equal partners/stakeholders in the identification of service gaps, barriers, challenges, quality improvement, etc.
- Involving families and youth at the system/policy level



SPECTRUM OF ADULT ATTITUDES AND BEHAVIOR TOWARDS YOUNG PEOPLE



To	For	With
Young People Viewed as Objects	Young People Viewed as Recipients	Young People Viewed as Resources
Style #1 The adult is in control with no intention of youth involvement. <ul style="list-style-type: none"> ➤ The objective: Personal growth of young people ➤ The byproduct: Conformity of young people and acceptance of the program as it is. 	Style #2 The adult is in control and allows youth involvement. <ul style="list-style-type: none"> ➤ The objective: Personal growth of young people ➤ The byproduct: Increased organizational effectiveness. 	Style #3 There is a Youth/Adult Partnership (Shared Control) <ul style="list-style-type: none"> ➤ The objective: Increased organizational effectiveness ➤ The byproduct: Personal growth of young people and adults.

Kentucky's System of Care Core Values

A Culturally-and Linguistically-Responsive SOC:

Ensures services are developmentally, culturally and linguistically responsive with agencies, programs, and services that reflect the cultural, racial, and ethnic, and linguistic differences of the populations served.



Kentucky's System of Care Core Values

A Community-Based SOC:

- Ensures appropriate care options are available at home or close by.
- Ensures high quality services are accessible to families in the least restrictive, clinically-appropriate setting possible.
- Requires systems to see the home, school, and neighborhood of the family from an asset perspective, and to identify the natural supports in these familiar surroundings as part of a strengths-based approach.



Kentucky's System of Care Core Values

A Trauma-Informed SOC:

- Recognizes the potential presence of trauma symptoms and acknowledges the role that trauma may play in an individual's life
- Fully integrates knowledge about trauma into policies, procedures, and practices
- Seeks to actively resist re-traumatization



System of Care Guiding Principles

Supports children, transition-age youth, and families in having access to...

- A comprehensive array of effective, community-based services & supports
- A service planning process that is strengths-based & individualized
- Evidence-informed & promising practices
- Services and supports delivered in the least restrictive, most normative environments possible
- Partnerships with families, youth, & other caregivers
- A system that supports provider accountability & quality improvement tracking
- Cross-agency coordination
- Effective care management supports
- Developmentally appropriate services
- A continuum of behavioral health promotion, prevention, early identification, intervention, & recovery services & supports
- Protection of the rights of children & families
- Services & supports provided without discrimination

RIAC Mandated Membership

Per KRS 200.509 (effective July 14, 2018)

RIACs are chaired by one member chosen by a majority vote of the members.

Additional members legislated to participate on the RIAC include:

- The children's services director from the regional community mental health center or their designee;
- A court designated worker or court designated specialist;
- A special education cooperative representative with behavioral health experience;
- A parent (biological parent, adoptive parent, or relative caregiver with permanent legal custody) who is raising, or has raised a child with mental health or co-occurring mental health and substance use challenges who has been or is a client of at least one service to address these challenges, prior to the age of 21;
- A parent alternate that meets the same criteria as the parent representative;

RIAC Mandated Membership

- A transition-age youth representative between the ages of 16 & 25 who has a behavioral health disorder and who is receiving or has received a service to address mental health, substance use, or co-occurring mental health and substance use disorder before the age of 21;
- A transition-age youth alternate that meets the same criteria; and
- A representative from the
 - Department of Juvenile Justice;
 - Family Resource and Youth Services Center;
 - Local Health Department;
 - Kentucky Office of Vocational Rehabilitation; and
 - Department for Community Based Services

*Please note:
Employees of the
CMHC or other RIAC
member agency cannot
serve in the role of
Parent Rep/alternate
or Youth
Rep/alternate.*

Parent & Youth Representative Compensation

- RIACs/LIACs are required to set aside a specific amount per year for the purpose of supporting RIAC/LIAC parent and youth representatives and parent and youth alternates to ensure parent and youth participation in all levels of regional system of care planning, implementation, and evaluation.
- The RIAC is required to provide, at minimum, a \$50 stipend for each meeting the RIAC parent and youth representative and their alternates attend.

The RIAC may designate stipend amounts greater than the required minimum.

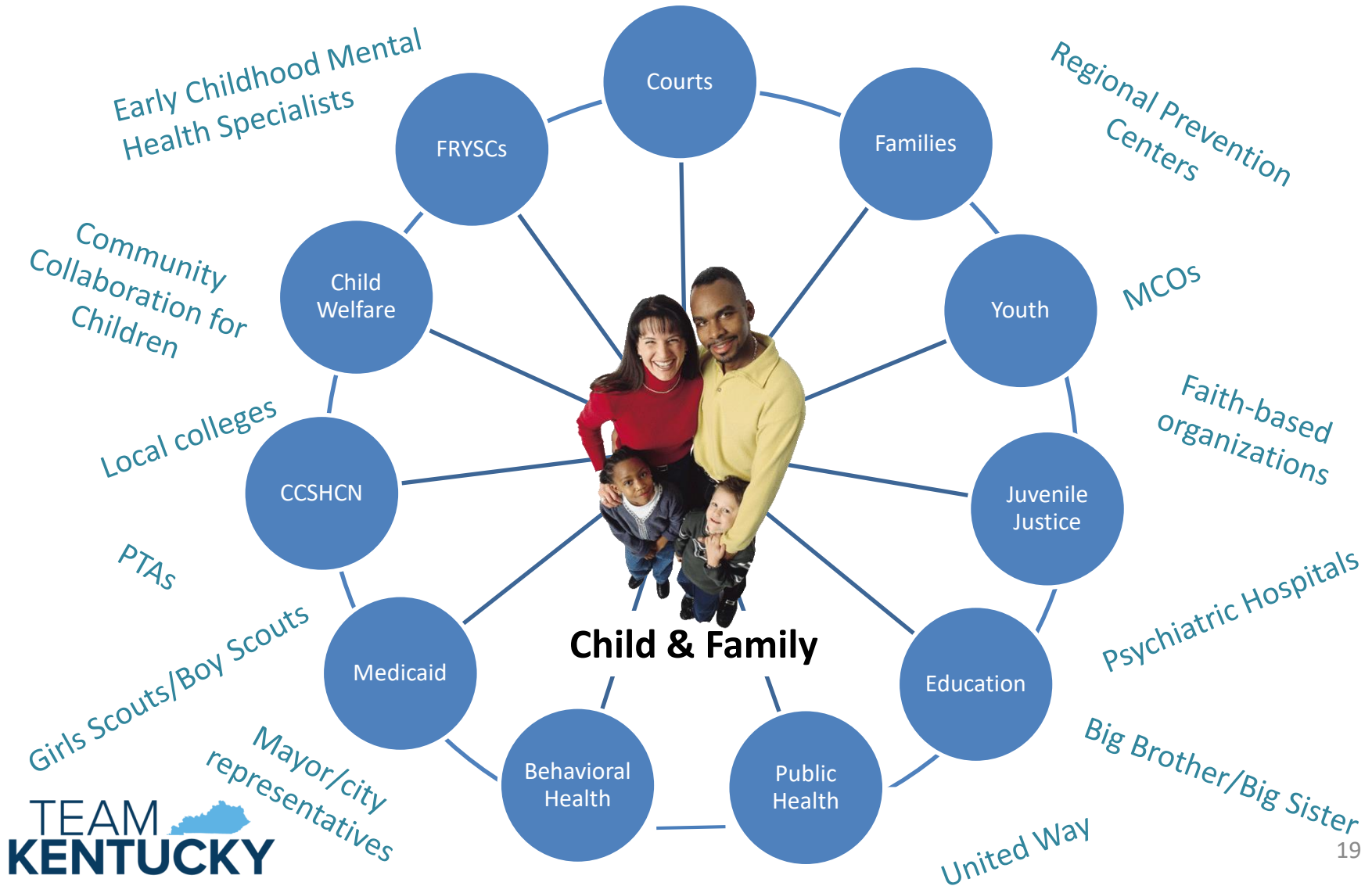
Parent and Youth Representative Compensation

The RIAC should also budget funds in addition to the required stipend to support RIAC parent and youth representatives and their alternates for:

- Mileage reimbursement to meetings
- Regional family and youth leadership development opportunities (including registration fees, time and travel expenses, etc.)
- Childcare expenses
- Family member's participation on FAIR Team
- Attendance of parent and/or youth representatives or their alternates to relevant activities/meetings at the request of the RIAC/LIAC (community meetings/trainings, etc.)

*No member of RIAC shall be given compensation in addition to compensation they already receive as service providers or state employees, except parent and youth representatives **and alternate parent and youth members.***

Kentucky's System of Care Partners



Adding Members to the RIAC

- The RIAC may choose to add non-mandated members to the RIAC that represent other agencies/entities that provide services and supports to children and transition-age youth with a behavioral health need
- This should occur by majority vote of the RIAC members
- All members (mandated and non-mandated) are included in the RIAC's quorum when conducting business. A quorum of the council exists if 55% or more of the total members are present.
- Agencies/entities may attend RIAC meetings to learn about the local system of care, share information about their services and supports while not becoming a voting member.

RIAC Suggested Non-Mandated Members and/or Guests

in

Family Organizations

Court Appointed Special Advocates (CASA)

Law Enforcement

Peer Support Specialists

Independent Living Coordinators

Family Judges

International Centers

Local Hospitals

Local Housing Authority

Regional Youth Councils

Faith-based Organizations

Local Colleges

City/County Government Officials

Community Centers

PTAs

Early Childhood Mental Health Specialists

Managed Care Organizations (MCOs)

Regional Prevention Centers

United Way

Boys & Girls Club



Role of RIAC Members

- Attend monthly RIAC meetings (for consistency purposes, this should be the same member or designee each month)
- Designate an alternate in the event the RIAC member cannot attend, and ensure the alternate has been updated on RIAC business
- Actively participate in developing solutions to identified system-level barriers for children and transition-age youth
- Provide local agency data to assess/support identified gaps and needs
- Maintain expertise in respective agency service availability
- Maintain expertise in navigating the rules/regulations of the respective agency
- Facilitate access to services as appropriate

RIAC Members Role

- Vote on the following items:
 - ✓ Approval of RIAC minutes/adjournment
 - ✓ RIAC Chair & term of the Chair
 - ✓ RIAC Policies and Procedures
 - ✓ Parent and youth representatives and their alternates;
 - ✓ Adding non-mandated voting members
 - ✓ Action Plans including areas of focus and action items
 - ✓ Sending members to training/covering the costs of professional development opportunities

RIAC Coordination and Facilitation

The work of the RIAC is coordinated by the Local Resource Coordinator (LRC) of the Community Mental Health Center.

The LRC:

- ✓ serves as staff to the RIAC, coordinating the work of the RIAC
- ✓ Provides support to the RIAC Chair
- ✓ is not the Chair or a voting member



RIAC Coordination and Facilitation

The LRC is responsible for:

- Working collaboratively with RIAC members, community partners, and the community mental health center and other provider agencies to identify service gaps and work strategically with partners to find solutions to said gaps;
- Maintaining the Action Plan and ensuring all members have a copy;
- Communicating RIAC Action Plan efforts, progress, barriers, and opportunities for growth to necessary parties, including the RIAC Administrator;
- Providing administrative support to the RIAC including direct support to members;
- Disseminating information from DBHDID, RIAC member agencies and/or community partners to the RIAC and sharing RIAC information with their respective agencies;
- Working with the RIAC Chair to develop the meeting agenda;
- Sending meeting reminders and materials to members in advance of all meetings;

RIAC Coordination and Facilitation

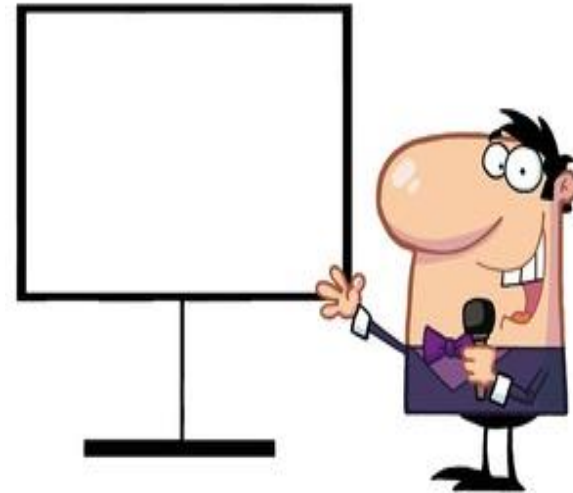
- Maintaining RIAC meeting records (retained permanently/KRS 171.640);
- Sending a copy of the RIAC meeting minutes (each month) to the RIAC Administrator within 30 business days of the meeting and an updated copy of the Action Plan to the RIAC Administrator, quarterly at minimum;
- Tracking mandated member attendance and non-mandated member attendance;
- Contacting members that have missed two or more consecutive meetings to encourage attendance;
- Requesting representation from vacant member agencies;
- Overseeing adherence to relevant Kentucky Revised Statutes (KRS) and Kentucky Administrative Regulations (KAR) and RIAC Policies and Procedures;
- Serving as a link for caregivers, community members, and the RIAC;
- Establishing collaboration with community agencies and resources;

RIAC Coordination and Facilitation

- Working with the SIAC and RIAC Administrator to facilitate bi-directional communication between RIAC and SIAC;
- Assisting in locating, developing/increasing awareness of local resources, services and prevention tools;
- Ensuring all RIAC members receive RIAC orientation and training;
- Providing information and subsequent data entry as required or requested by DBHDID;
- Attending quarterly RIAC Leader Peer Group meetings, SIAC meetings (quarterly at minimum), monthly FAIR Team meetings, or designating an alternate to attend from RIAC (KRS 605.035);
- Monitoring the RIAC budget and expenditures and sharing with the members.

RIAC Chair Role

- Facilitate the RIAC meeting
- Provide local agency data to assess gaps and needs
- Follow Robert's Rules of Order
- Vote as a tie-breaker
- Support staff to the RIAC
- Ensure meeting focus and timeliness
- Promote active involvement by members
- Attend quarterly RIAC Leader Peer Group meetings and SIAC meetings (quarterly at minimum)
- Review and sign Form 131 – IMPACT Region-wide RIAC Funds. This signed form is due with Plan and Budget and semi-annually (due by January 31th and July 31th).



RIAC Meetings

- Occur monthly
- Vary - dependent upon the needs of the region
- Open to the public/subject to Open Records laws
- Require a quorum to vote
 - 55% of voting members (mandated and non-mandated voting members must be present)
 - Quorum should be determined by the LRC and/or RIAC Chair prior to conducting RIAC business

RIAC Action Plan

- Used as a tool to:
 - document area(s) of focus/goals, relevant activities around implementation, and progress/barriers towards goals
 - guide regional system of care development, implementation, and evaluation
- Should drive the RIAC meeting
- Includes:
 - ✓ Goals
 - ✓ Actionable items
 - ✓ Responsible party and/or lead agency
 - ✓ Target completion dates
 - ✓ Progress and/or barriers
 - ✓ Feedback loops

RIAC Action Plan

- Each member should have a copy or access to the current Action Plan at all times
- Discussion around the Action Plan should be reflected in the meeting minutes
- Should be updated and submitted to the RIAC Administrator quarterly (Dec., April, June, Sept.)

Duties of the RIAC

Per KRS 200.509 (effective July 1, 2018)

Conduct regional system of care planning and operations

- Assessment and planning to build community capacity to provide effective, community-based services and supports that are delivered consistent with system of care core values and guiding principles.
- Ongoing regional and/or local needs assessments across agencies to identify service gaps and/or community needs.

Duties of the RIAC

Per KRS 200.509 (effective July 1, 2018)

Coordinate system-level continuous quality improvement

- Regularly review local, regional and state-level data and utilize performance data, including indicators of child, youth and family functional outcomes, satisfaction, finances, and process performance to evaluate and strengthen the system of care.
- Promote data-driven decision making across agencies and in the community.

Duties of the RIAC

Per KRS 200.509 (effective July 1, 2018)

Identify and develop system of care expansion opportunities

- Develop ways to bridge service gaps, such as with flexible funding, grant applications, volunteer efforts, and creative use of community resources-to increase access to and availability of high-quality services and supports.

Duties of the RIAC

Per KRS 200.509 (effective July 1, 2018)

Promote system of care awareness

- Promote system of care core values and guiding principles across the community and provide education across all sectors regarding ways in which supporting the system of care can benefit the entire community.

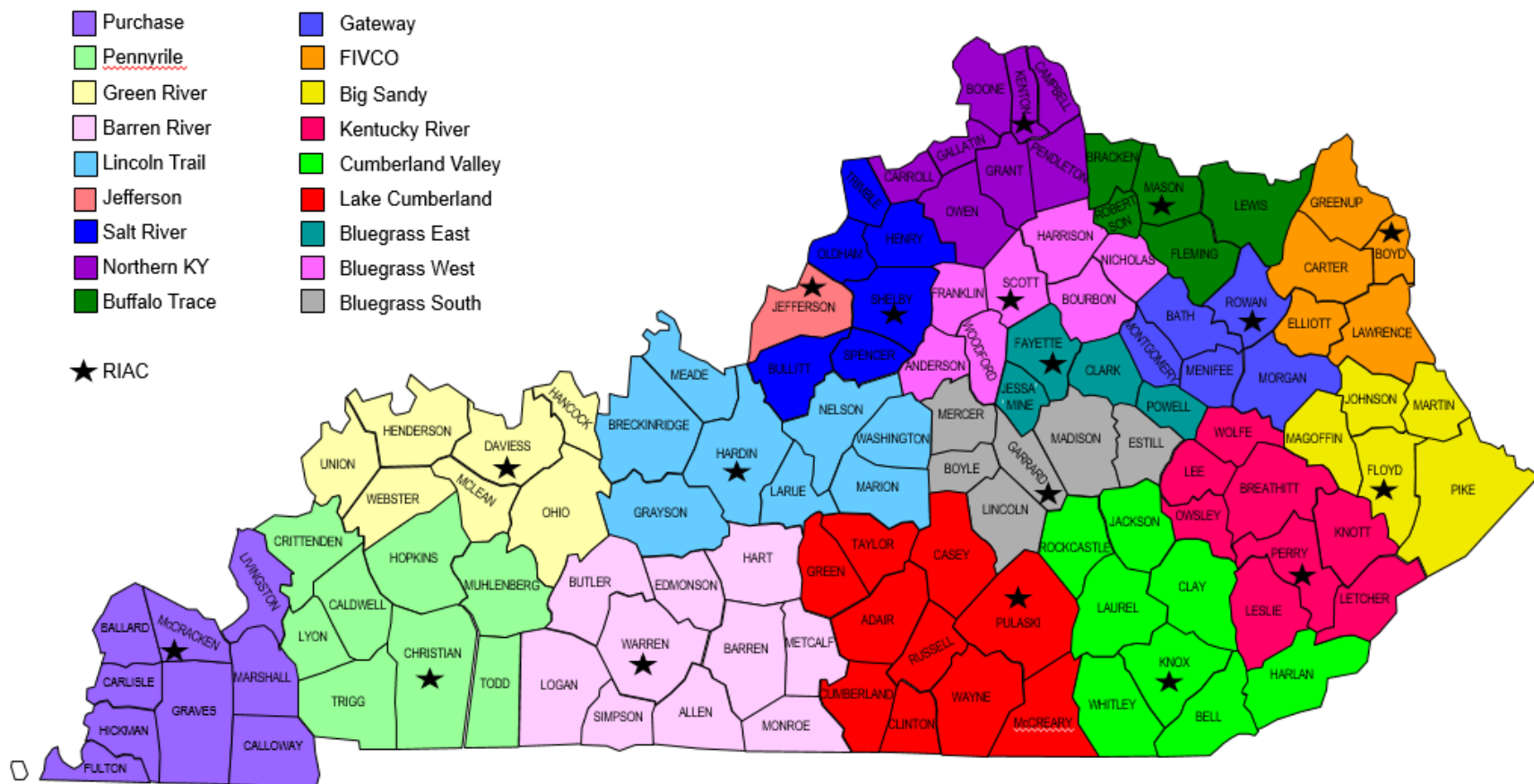
Duties of the RIAC

Per KRS 200.509 (effective July 1, 2018)

- Initiate and adopt interagency agreements as necessary for providing supports to children and transition-age youth with or at risk of behavioral health needs
- Advise the State Interagency Council regarding the system of care within the region
- Participate in Family Accountability, Intervention, and Response (F.A.I.R.) teams and collaborate with F.A.I.R. teams as appropriate to improve/promote the system of care

RIACs Across the State

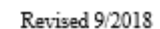
KENTUCKY RIACs



Local Interagency Councils (LIACs)

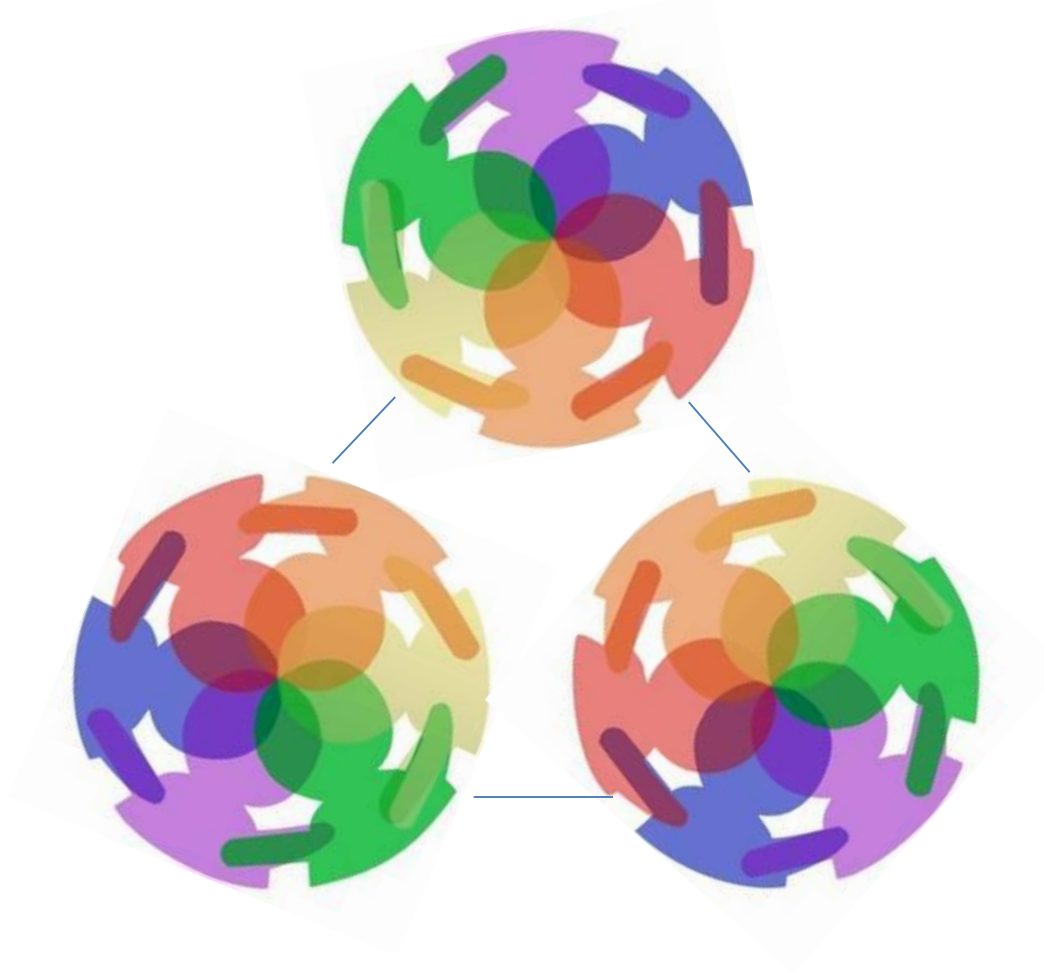
Per KRS 200.509 (effective July 1, 2018)

Local interagency councils for the system of care may be formed at the discretion of a regional interagency council to advance the functions of the regional interagency council at the city, county, or other local community level.

KENTUCKY LLACs

Connecting the Dots

- SIAC
- RIACs/LIACs
- F.A.I.R. Teams



SIAC

State Interagency Council for Services and Supports to Children and Transition-age Youth

KRS 200.501 to 200.509

- A body established in 1990 by legislation with the goal of
 - coordinated policy development,
 - comprehensive planning, and
 - collaborative budgeting

for the purpose of developing services and supports for children and transition-age youth with or at risk of developing behavioral health needs, and their families.

SIAC Functions

Per KRS 200.505

- Make recommendations annually to the Governor and the Legislative Research Commission regarding the system of care for children and transition-age youth with or at risk of behavioral health needs
- **Direct each RIAC to**
 1. **Operate as the regional locus of accountability for the system of care**
 2. **Participate in F.A.I.R. teams**
- **Assess the effectiveness of the RIACs in serving as the locus of accountability to the system of care for children and transition-age youth with or at risk of behavioral health needs**
- Meet at least monthly
- Develop services and supports to meet the needs of children and transition-age youth with or at-risk of developing behavioral health needs
- Adopt interagency agreements as necessary for coordinating services

RIAC Accountability

- The SIAC and RIAC Administrators will make periodic site visits to RIAC meetings to:
 - Providing coaching and support to RIACs in the development of the RIAC's Action Plan;
 - Provide technical assistance and support around policies and procedures that support implementation of the Action Plan; and
 - Ensure RIACs are implementing and periodically updating their regional Action Plans.
- The RIAC Administrator will use information gathered from RIAC visits, RIAC meeting minutes, and updated Action Plans to provide a summary report to the SIAC each month.
 - The summary report shall include the RIAC's area of focus, overview of current activities, strengths, successes, challenges, needs, and barriers.

SIAC Mandated Membership

Per KRS 200.505: Commissioners or Executive Directors of the following agencies:

- Department of Family and Juvenile Services of the Administrative Office of the Courts (AOC)
- Department for Community Based Services (DCBS)
- Kentucky Department of Education (KDE)
- Department of Juvenile Justice (DJJ)
- Department for Medicaid Services (DMS)
- Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)
- Department for Public Health (DPH)
- Division of Family Resource & Youth Services Centers (FRYSC)
- Office for Children with Special Health Care Needs (OCSHCN)
- Parent Representative
- Youth Representative
- Office of Vocational Rehabilitation (OVR)
- Council on Postsecondary Education (CPE)
- Kentucky Housing Corporation (KHC)
- Subcommittee on Equity and Justice for All Youth (SEJAY)
- Family Organization: KY-SPIN



SIAC Meetings

State Interagency Council for Services and Supports to Children and Transition-age Youth

- Meetings are subject to Open Record Laws and Open Meeting Laws
- Each SIAC Member (including Commissioners, Executive Directors, Directors, Executive Officers, Presidents, Directors or Chairs)
 - ✓ shall appoint one (1) consistent designee to represent him or her in the event he/she cannot attend a meeting.
 - ✓ are required to attend, at minimum, the Commissioner-level meetings, which are held quarterly.
- A quorum of the Council shall exist if 55% or more of the voting members are present

SIAC Standing Committees

- Council, by majority vote, establishes or dissolves a standing committee
- SIAC Chair, in consultation with the Council, appoints standing committee chairs
- Standing Committees have the authority to make decisions only as assigned by the Council
- Standing Committee Chair is responsible for presenting to SIAC the activities of the committee at least quarterly
- Standing Committees are also subject to Open Record and Open Meeting Laws
- **Anyone can join a Standing Committee**

2020 SIAC Priority Areas* & Standing Committees

- Outreach & Promotion
- Racial & Ethnic Disparities
- Social & Emotional Health & Well-being
- Disabilities

*Priority areas are identified by SIAC during Strategic Planning that occurs every 2 years or as needed

FAIR Teams

Per KRS 605.035

- Operate in each judicial district
- Overlap between RIAC and FAIR Team mandated members
- The Court Designated Worker Specialist convenes and staffs the team
- The team uses a case management approach to review:
 - actions by the CDW
 - referrals for the family
 - efforts to address barriers to successful completion
 - other appropriate services which may be available within the community

FAIR Teams

- Review cases where a child:
 - Fails to appear for a preliminary intake
 - Declines to enter a diversion agreement
 - Fails to complete the terms and agreement for diversion
 - Has committed a status offense
- Refers back to the CDW with recommended actions
- Advises the case be referred to the county attorney if the team has no other recommendations to offer.

Collaboration between FAIR Teams & RIACs

- RIACs
 - Share knowledge of local resources, programs, services, etc.
 - Work with the RIAC and community partners to bridge identified service gaps/needs identified by the FAIR Team

Questions

